



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR 1954

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR 1954

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER

Contents

Staff	4
Introduction	5
Staff Changes	6
Medical Inspection	6
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition	7
(b) Nose and Throat defects	7
(c) Ear defects	8
(d) Eye and Visual Defects	8
(e) Orthopaedic defects	9
(f) Diseases of the Skin	9
(g) Speech defects	9
(h) Infestation with vermin	12
(i) Foot Defects	12
(j) Report of the Principal School Dental Officer	13
Handicapped Pupils	15
Child Guidance Clinic	15
Infectious Diseases	15
Tuberculosis	16
B.C.G. Vaccination	16
Deaths of children of school age	17
Minor Ailments Clinic	17
Employment of School Children	17
School Meals Service and Free Milk Scheme	17
Report of Children's Care Committee	18
Appendix – Physical Education Report, 1954	26

STATISTICAL TABLES

Children on Roll—	20
Maintained Schools.	
Table 1.—Medical Inspection	20
Table 2a.—Defects found by Medical Inspection	21
Table 2b.—General condition	22
Table 3.—Infestation with vermin	22
Table 4.—Treatment	23
Table 5.—Dental Inspection and Treatment	25

Staff of the School Health Service

Principal School Medical Officer :

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

WINIFRED M. HISCOCK, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

Principal Dental Officer :

P. DUFFIELD, L.D.S., B.D.S.

(Part Time)

(Resigned January, 1954) (Re-commenced October, 1954)

School Dental Officer :

J. C. BROWN, L.D.S.

Speech Therapist :

MISS SYLVIA H. NORTH, L.C.S.T.

(Part Time)

School Nurses :

MISS M. MOORE, S.R.N., S.C.M.

MISS A. WRIGHTSON, S.R.N., S.C.M.

(Resigned 8th January, 1954)

Dental Attendants :

MRS. N. E. WOOLLEY

MISS P. THOMPSON

(Part Time)

Clerks :

MRS. G. H. WATSON

(Died 24th March, 1954)

MRS. P. SIRRELL

(Part Time)

(Resigned 14th August, 1954)

MRS. H. E. HENDERSON

(Commenced April, 1954)

(Resigned November, 1954)

MISS K. E. SCOTNEY

(Commenced August, 1954)

MRS. M. F. PERRY

(Commenced November, 1954)

Annual Report of the Principal School Medical Officer For the Year 1954

To the Chairman and Members of the Education Committee.

I have the honour to present my Annual Report for the year 1954.

We were fortunate in having our full complement of medical staff throughout the year, and it has been possible to overtake the greater part of the arrears of work.

The general condition of children in the schools continues to be excellent. Of the children examined in 1954, 26.2% were found to be better than average, 69.4% were average, and only 4.4% were below average.

There were no outbreaks of serious infectious disease. No cases of scabies were found during the year. The number of children found to be infested with head lice continues to be small.

I wish to record my gratitude to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 27 children to have periods of one to four months' stay at convalescent homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance of these children at the convalescent homes, amounting in all to 216 weeks.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, and the Heads of the Schools for their valuable assistance, to the general practitioners, the staff of the Infirmary for their co-operation, and to Dr. G. M. Curtois, who has been largely responsible for the preparation of this Report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

Principal School Medical Officer.

1. Staff Changes. The following changes occurred in the staff during 1954.

Mr. Peter Duffield resigned from the appointment of Principal Dental Officer in January. The appointment remained vacant until October when Mr. Duffield rejoined again after an absence of nine months.

It is with much regret that I have to report the death of Mrs. Watson who died on the 24th March, 1954, after a mercifully short illness.

Mrs. Watson had held the post of Clerk to the School Clinic for 17 years. During this time she had been largely responsible for keeping the records and reports appertaining to the health of the school children. With a quiet and unobtrusive manner, Mrs. Watson proved of the utmost assistance to all the School Medical Officers with whom she came in contact. Her knowledge of the School Clinic was so extensive, gathered, as it was, over so many years that it would be no exaggeration to say she was an encyclopaedia of information concerning the health of the children in Burton. Her sudden death was mourned by all who knew her and it has been a great loss to the School Health Service.

Miss A. Wrightson, School Nurse, resigned in January. During the year it was hoped to bring into operation the scheme, approved a considerable time ago, whereby the Health Visitors would also carry out the duties of School Nurses, but it has not been possible to implement that scheme in its entirety owing to a continuing shortage of Health Visitors. The position was still under review at the end of the year.

2. Medical Inspection. The system of medical inspection previously established was continued. Pupils are examined three times during their school life, that is, between the ages of 5-6, 10-11, and 14-15. With a full complement of Medical Officers it was found possible to carry out these routine inspections at the normal times, and in many cases to catch up with those that had been left over from the previous year due to shortage of Medical Officers.

Children in their eighth and twelfth years are also inspected by the School Nurse and any defects of importance, such as myopia or malnutrition, are reported to the School Medical Officers who examine the children concerned either in school or at the School Clinic, and take any action considered necessary. Children with defects are re-inspected at school at intervals varying according to the type of defect.

The attendance of parents at the examinations of the older age groups continues to be poor, but it is extremely good at the initial examinations at infant schools. The interest and co-operation of parents is desirable at all the routine medical examinations of a child at school in order that the child may obtain the maximum benefit of any advice which the doctor may give.

There is a lack of suitable accommodation for medical inspections in most schools. Through the excellent co-operation of Head Teachers, however, the work has progressed satisfactorily.

The School Clinic has continued to function as in previous years, and attendances have been satisfactory. Any child may be referred to the School Clinic for medical examination when this is considered necessary by the Head Teacher, School Nurse, parent or the child's own doctor.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** The new category of classification, that is "A—good," "B—fair" and "C—poor" is now being used, and as previously, the overall picture has been taken into account, e.g. clinical findings, physique, the height-weight ratio and the general condition of the child.

The general condition of entrants during 1954 is shown below :

Entrants	A—good	B—fair	C—poor
1954	26.2	69.4	4.4

In this classification the category "B—fair" means the average healthy child.

On the whole, the standard of nutrition is high, and the general condition of the children can be regarded as satisfactory.

The small percentage in category "C" are kept under strict observation, and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, and medical or surgical care when and where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 203 defects of the nose and throat, the great majority being as previously, enlargement of tonsils and adenoids.

Cases where operative treatment is considered necessary are, with the co-operation and assent of the general practitioners, referred to Mr. R. L. Flett, F.R.C.S., E.N.T. Surgeon at the General Infirmary, who has been most helpful in dealing with cases regarded by the School Medical Service as being in need of urgent treatment.

It is satisfactory to be able to report that most of the children with unhealthy tonsils and adenoids derive benefit from having them removed.

(c) **Ear Defects.** There has been a decrease in the number of cases of ear defects found amongst school children during the year.

Most of the children were treated at the School Clinic.

The table below shows the number of examinations and treatments carried out during the year :—

Number of ear examinations (excluding those at the					
Medical Inspection)					214
1. Minor conditions :—					
Wax impaction	..	..	..	..	14
Otitis Externa	..	..	..	..	8
Catarrh of middle ear	..	..	..	..	2
Earache	..	..	..	..	11
					—
					35
					==
2. Otitis Media. Result of Treatment :—					
Ears dry	..	..	..	..	6
Improved	..	..	..	..	1
To Infirmary	..	..	..	..	0
					—
					7
					==

Deafness. Six children were resident in the Royal Institute for the deaf at Derby, and two children in Needwood Residential Special School for the partially deaf during 1954.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Infirmary for school children continued to function well.

(a) The number of cases referred to the Ophthalmologist during 1954 was 217.

- (b) The number of cases to whom prescriptions for spectacles were given was 111.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic held at the Burton General Infirmary for school children, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment, are referred to the Burton General Infirmary, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

192 children were found with orthopaedic defects at the school routine examinations. 25 cases were referred for treatment, but in no case was treatment in hospital considered necessary.

Below is an analysis of cases referred to the Infirmary during 1954.

<i>Type of Defect</i>						<i>No.</i>
General Posture	..	..	..	..	..	3
Flat feet and knock knees			..	..	..	5
Others	..	..	..	..	..	17

(f) **Diseases of the Skin.** No cases of scabies were found during the year. This condition has progressively decreased since the end of the war, and it is very unusual now to find a child suffering from it.

The number of cases seen previously is as follows :—

1953—0	1952—3	1951—6	1950—19	1949—20	1948—23
--------	--------	--------	---------	---------	---------

Other skin conditions, including impetigo, totalled 196, compared with 208 in 1953.

(g) **Speech Defects.** Miss S. H. North, a qualified Part-Time Speech Therapist, continued to give speech therapy on Mondays and Fridays. She reports as follows :—

The cases treated during the year fall into the usual categories listed in the figures included below. There is still a noticeable absence of Cleft Palate cases of school age, which is very heartening—only one case (besides one County case) has been seen during the last two and a half years since the department was established, and this boy has

achieved very gratifying results due to his continued hard work. Two Cerebral Palsy cases have been referred during the year (one is a County case) and it has been found that both children will be able to benefit considerably. An interesting factor noted, is that the percentage of female cases referred is quite considerable, as often the ratio is usually two or three male cases to every female—there seems to be no unusual reason why Burton has such a high incidence of female speech defective children.

As already stated, the number on the waiting list is very high, but fortunately a great majority of these children and their mothers have been seen fairly soon after the initial referral from the medical officer to ascertain the degree of their defects and also advise each parent. During the interview it is made clear to each mother that she can always contact the Speech Therapist if she feels there is any cause for anxiety, while her child is waiting to attend for regular treatment. All the children attending regularly for treatment receive half an hour or an hour's treatment each week, and it is pleasing to find that there are very few cases who do not attend as regularly as they should, once given the opportunity to come to the Clinic—more often than not these poor attenders come from very unfavourable homes and it is eventually felt necessary to discharge the cases completely. Two cases who were discharged because they left school, asked if they could still continue to receive treatment and I was glad that one of them agreed to attend my Clinic at the Derbyshire Royal Infirmary, so that he could have help until he felt he had adapted himself to his new life. Unfortunately, the circumstances of the other case prevented her travelling to Derby for the continuation of the treatment. It is regrettable that some patients still needing treatment have to cease all contact with the Speech Therapist once they leave school—if there is a hospital department available in the town or within easy reach of their homes, contact need not be lost, but this is not always the case.

Early in the year the room used by the Speech Therapist was enlarged by the removal of a screen and then decorated—a very considerable improvement which has benefited the department greatly. It is hoped that next year the department will have some new furniture and possibly the boon of a tape recorder.

Throughout the year there have been several visitors to the department, particularly student teachers or welfare workers who are interested in seeking advice about helping speech-defective children

with whom they will be in contact during their future work. The school staffs have continued to show very great interest in the children who attend from their schools, and many are only too willing to help if they are able, particularly if the children cannot always receive constant help from their homes. The head teachers' reports about the speech defective cases nearly always prove invaluable to the Speech Therapist and often helps to fill in gaps of the history not received from the parents.

I am indeed very grateful to the medical officers and clerical staff at the Clinic for their very great help and encouragement and particularly to Dr. Hiscock who is always very willing to have a discussion about the cases and offer advice if a child needs any further specialised help.

SYLVIA H. NORTH, L.C.S.T.,

Speech Therapist.

Speech Therapy

Total Number of Cases seen	71
----------------------------	----	----	----	----	----	----

Including :—

(1) Number of Cases receiving treatment	..	56	} 71
(2) Number of Cases interviewed	.. ..	15
Number of Stammerers	10	} 56
Number of Speech Defects	.. ..	40
Number of Cleft Palates	.. .. .	2
Number of Stammerers + Speech Defects		2	
Number of Cerebral Palsies	.. ..	1
Number of cases with psychological Element		1	

Number under observation at end of year	17
---	----	----	----	----

Number of cases discharged	24
----------------------------	----	----	----	----	----

Including :—

(1) Cured	14	} 24
(2) Left School + very good progress and transferred to Derbyshire Royal Infirmary		1	
(3) Left School + excellent progress	.. ..	1
(4) Excellent progress	.. .. .	1
(5) Very good progress (low I.Q.)	.. ..	2
(6) Lack of attendance and co-operation	..	4	
(7) Unsuitable for treatment (low I.Q.)	..	1	

Number on Waiting List at end of year	53
Number of County Cases treated	3
Number of New Cases admitted during the year	25
Number of Clinical Sessions held	130
Number of Cases referred for Specialised Treatment	9
Number of Males	34
Number of Females	22
Total Number of Attendances	590

(h) **Infestation with Vermin.** There was a slight increase in the number of children found infested with vermin, the proportion of pupils infested being 1.15%, compared with 1.03% in 1953.

The older age groups, especially girls, are still the worst offenders.

The appropriate treatment for these children is available at the School Clinic, and they are allowed to attend school if they are accepting this treatment. A child who does not attend the School Clinic for treatment is excluded from school until certified clean.

The total number of school examinations by School Nurses was 6,950. 80 children were found to be infested with vermin, and there were only 8 exclusions.

No cleansing notices were issued during 1954, nor were any cleansing orders made.

(i) **Foot Defects.** The number of children attending the School Clinic for treatment of plantar warts is still high. 30 new cases were treated during the year. This year it has been nearly as common in boys as girls, there being 16 girls and 14 boys, which is unusual.

The age distribution of the cases is also of interest, there being only 8 cases under the age of 10, the remaining 22 being between 11 and 15 years old.

The results of treatment with Chlorosal were good. Some cases required only one or two applications. The average number of treatments required was 5. No cases had to be referred to the Skin Specialist.

The Head Teachers of the different schools have been requested to be on the look-out for such conditions and to urge affected children to seek treatment at the School Clinic.

As plantar warts can be both painful and very disabling, it is necessary that treatment should be established as soon as possible.

(j) **Report of the Principal School Dental Officer.** Mr. Peter Duffield, L.D.S., B.D.S., reports :—

It will be seen from the statistical summary that owing to a reduction of 18% in surgery time, the improvement which was achieved in the School Dental Service in 1953 has not been maintained in 1954. The reduction in surgery time occurred because the services of the Principal Dental Officer were available for only the last three months of the year (compared with five months in 1953), and because the services of the Assistant Dental Officer were lost for a period of six weeks through illness and National Service requirements.

This reduction in time is reflected in the decrease in the number of children who received a periodic inspection, and the increase in the number who attended for casual (special) treatment. Unfortunately, many of the casual patients require treatment which is so extensive that it necessitates more than one visit, thus reducing still further the time available for routine work.

Fillings. Under the present state of emergency, fillings are provided for those children who will derive the maximum benefit from the limited time available for this form of treatment. In the selection of these children, consideration is given to the total number of fillings required, the extent of the decay in the affected teeth, the general condition of the mouth, and the attitude of the child towards its own dental good-health.

Extractions. Apart from teeth extracted as an orthodontic measure, all permanent teeth extracted are in an advanced state of pain or decay. In more normal circumstances, when time is less limited, it may be possible to conserve some teeth which at present are extracted, but careful consideration must be given to the child's outlook on dental matters. Much time is required to correct an antagonistic and, frequently, stubborn attitude. In the case of deciduous teeth, the decision to extract depends entirely on the presence of pain or sepsis.

Orthodontics. Those cases which it is considered will derive the greatest benefit from treatment are being referred to Mr. G. C. Dickson, Orthodontic Consultant at the Burton General Infirmary. During 1954, appliances were supplied and fitted by the School Service for two children whose treatment was considered to be very urgent. It is hoped to increase the number of cases treated by the School Dental Officers.

Dentures. Partial dentures were fitted for fourteen children to replace front teeth lost through accident or decay. One dental splint was fitted with a satisfactory result for a child whose front teeth became loose as the result of a fall.

X-Rays. The arrangements made in 1953 have continued in operation, but it is with great pleasure that I can report that a Dental X-Ray Unit has been ordered and will be installed in January, 1955. Our thanks are due to Dr. Walker and his X-Ray department at the Burton General Infirmary for their assistance and co-operation.

Dental Education. This is an important aspect of the School Dental Service, but the results can never be measured in tangible form. However, insofar as time will allow, dental education should be carried out as widely as possible. It is planned that the Dental Officers shall give talks at schools to selected age-groups. Arrangements have been made for talks to be given, early in 1955, to four of the Parent-Teacher Associations.

The scope of the School Dental Service is very wide, and it is unfortunate that the emphasis of its activities is on the relief of pain and the removal of sepsis which much continue to be the primary aim of the Service. However, with the services of both Dental Officers now available, it is hoped that the complete routine of periodic inspections will be established by the end of 1955, and when this has been achieved, other facets of the School Dental Service will receive greater attention.

PETER DUFFIELD,

Principal Dental Officer.

4. Handicapped Pupils. The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind	—	—	—	—
Partially Sighted	3	1	—	1
Deaf	4	—	—	—
Partially Deaf	4	3	—	3
Delicate	—	4	—	4
Educationally Subnormal	1	34	1	35
Epileptic	—	—	—	—
Physically Handicapped ..	2	5	4	9
Maladjusted	—	1	1	2
Speech Defect	—	56	—	56
Diabetic	—	1	—	1
	14	105	6	111

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 17 children were assessed during 1954.

With a satisfactory solution of the medical staffing problem, the Deputy Medical Officer of Health (who is also a School Medical Officer) has been able to devote more time to this important task, but there is still a considerable amount of leeway to be made up.

Head Teachers are very helpful in bringing children whom they believe to be mentally retarded to the notice of the medical officers. The special classes for retarded children at Wetmore Road School and Waterside are continuing to function satisfactorily.

These classes were visited during the year by medical officers and school nurses. Good progress is being made with these children.

Child Guidance Clinic. Towards the end of 1954, arrangements were concluded with Staffordshire County Council whereby children could be referred to their Child Guidance Clinic at Lichfield, and at the end of the year, two children had been referred to this Clinic.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. No cases of diphtheria were notified in the Borough during 1954. This is very satisfactory.

During 1954, 88 children completed a full course of immunisation, and 271 received a reinforcing or booster dose of diphtheria antigen.

Poliomyelitis. No cases of poliomyelitis occurred in school children during 1954.

Scarlet Fever. There were 17 cases of scarlet fever notified during 1954. No cases necessitated removal to hospital.

As previously, this disease continues to appear in a mild form and complications are rare.

Measles. 41 cases of measles were notified during 1954 as compared with 82 cases in 1953, and 377 cases during 1952.

The number of cases notified in 1954 is smaller than in previous years, and remained in a mild form.

6. Tuberculosis.

There were no cases of pulmonary tuberculosis notified during the year.

1 case of non-pulmonary tuberculosis was notified during 1954. the child receiving treatment in Outwoods Hospital. A number of children are kept under observation at school.

B.C.G. Vaccination. B.C.G. vaccination against tuberculosis, which started in April, 1950, has been continued throughout the year. Below is a list of the results :—

Total number of children (all ages) who attended the Infant Welfare Centre during 1954	..	..	..	153
Total number of children with a positive result (Mantoux or Jelly Test)	..	..	..	79
Percentage with a positive result	..	..	..	56%
Total number of children with a negative result (Mantoux or Jelly Test)	..	..	..	61
Percentage with a negative result	..	..	..	44%
Total number successfully vaccinated during 1954	..	..	..	54

A higher percentage of positive cases was found than in previous years, which is reflected in the number of children presented for vaccination. A total number of 54 as compared with 71 last year.

The whole process takes three months. The same procedure as laid down by the Ministry of Health has been carried out as previously.

It is too early to assess the value of the results, but statistics compiled from other countries, notably, France, Denmark, Norway, Sweden, America, and Canada over many years suggest that B.C.G. vaccination does offer resistance against naturally acquired tuberculous infection.

Parents or foster parents of the children are very co-operative, and the reactions to vaccination were of such a minor nature that they did not need recording.

Those children who had a positive tuberculin test were referred to the Contact Clinic for further observation.

7. Deaths of Children of School Age.

There were 5 deaths of school children during the year. Three were due to disease and the other two due to violence. This is an increase on the number last year, which was the lowest ever recorded.

8. Minor Ailments.

During 1954, there were 2,591 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure showed a decrease of 335 on the attendances for 1953.

This Clinic is open on weekdays from 9-10 a.m. and a Medical Officer is in attendance during these hours.

9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper delivery	116	17	133
Errands	28	—	28
Parcel delivery	7	—	7
Milk delivery	1	—	1
Shop and Stall Assistants ..	1	20	21
Tin greaser	1	—	1
Boat Hiring	1	—	1
Stock room boy	1	—	1
Workshop Assistant	1	—	1
	<hr/> 157	<hr/> 37	<hr/> 194
	<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	404,980
Staff and Helpers	42,777
Students	1,601

7,844 children were supplied with milk during the year.

11. **Children's Care Committee.** I am indebted to Miss Evershed for the following report, and I thank the Committee for this valuable assistance.

CHILDREN'S CARE COMMITTEE

Report for the Year 1954

The Children's Care Committee was appointed by the Education Committee for work in 1954, and was constituted as follows :—

Mrs. Curzon, Miss P. M. Evershed, Mrs. J. George, Mrs. W. Harris, Mrs. R. Lorimer, Mrs. Macgilp, Mrs. S. H. Morris, Mrs. R. T. Piddocke, and Mrs. F. G. Thompson.

The Officers elected for 1954 were :—

<i>Chairman</i>	.. ..	Mrs. Macgilp
<i>Vice-Chairman</i>	.. ..	Mrs. R. T. Piddocke
<i>Hon. Secretary and Treasurer</i>	..	Miss P. M. Evershed

In May, Mrs. Andrews was elected a Member of the Committee, but had to resign in November, to the regret of the Members, owing to the death of her husband.

The Committee met six times during the year.

33 cases were reported to them, and were dealt with as follows :—

1. Boy aged $4\frac{1}{2}$ years. Recommended for Convalescent Home treatment. Parents decided he was too young to leave home.
2. Boy aged $12\frac{3}{4}$ years. Sent to Convalescent Home, Bournemouth, for 1 month.
3. Girl aged $9\frac{1}{2}$ years. do. West Kirby, for 2 months.
4. Girl aged 13 years. do. West Kirby, for 2 months.
5. Boy aged 10 years. do. West Kirby, for 2 months.
6. Boy aged 10 years. do. West Kirby, for $2\frac{1}{2}$ months.
7. Boy aged $4\frac{3}{4}$ years. do. West Kirby, for 1 month.
8. Boy aged $8\frac{3}{4}$ years. Recommended for Convalescent Home treatment. Parents did not wish him to go.
9. Girl aged $7\frac{1}{2}$ years. Sent to Convalescent Home, West Kirby, for 2 months.
10. Boy aged $4\frac{1}{2}$ years. do. West Kirby, for 2 months.
11. Boy aged 7 years. do. West Kirby, for 3 months.
12. Boy aged $5\frac{3}{4}$ years. do. West Kirby, for 2 months.
13. Boy aged 5 years. do. West Kirby, for 4 months.
14. Boy aged 11 years. do. West Kirby, for 3 months.
15. Girl aged $7\frac{1}{2}$ years. do. West Kirby, for $1\frac{1}{2}$ months.
16. Girl aged 5 years. Recommended for Convalescent Home treatment. Unable to go because of Mother's illness.

- | | | |
|-----|-----------------------------------|--|
| 17. | Girl aged 11 $\frac{3}{4}$ years. | Sent to Convalescent Home, West Kirby, for 2 months |
| 18. | Girl aged 9 $\frac{1}{2}$ years. | Recommended for Convalescent Home treatment.
Parents did not wish her to go. |
| 19. | Boy aged 12 $\frac{3}{4}$ years. | Sent to Convalescent Home, West Kirby, for 2 months |
| 20. | Boy aged 5 $\frac{3}{4}$ years. | do. West Kirby, for 3 months |
| 21. | Girl aged 11 years. | do. West Kirby, for 1 month |
| 22. | Boy aged 13 $\frac{1}{2}$ years. | Committee asked to obtain Convalescent Home treatment.
He was over admittance age. A vacancy was obtained but
other arrangements had then been made. |
| 23. | Girl aged 11 $\frac{3}{4}$ years. | Sent to Convalescent Home, West Kirby, for 1 month |
| 24. | Boy aged 5 years. | do. West Kirby, for 2 months |
| 25. | Girl aged 11 years. | do. West Kirby, for 3 months |
| 26. | Girl aged 12 years. | do. Bournemouth, for 1 month |
| 27. | Boy aged 14 years. | Convalescent Home treatment applied for. Refused on
account of age. |
| 28. | Girl aged 10 years. | Sent to Convalescent Home, West Kirby, for 1 month |
| 29. | Girl aged 5 $\frac{1}{2}$ years. | do. West Kirby, for 2 months |
| 30. | Girl aged 5 $\frac{1}{2}$ years. | do. West Kirby, for 2 months |
| 31. | Boy aged 9 years. | do. West Kirby, for 3 months |
| 32. | Girl aged 7 years. | do. West Kirby, for 2 months |
| 33. | Boy aged 11 years. | At the Convalescent Home, West Kirby. |

The Committee were pleased that more children were recommended to them for Convalescent Home Treatment. The results of this treatment were satisfactory—in one or two cases, exceptionally so—and letters of grateful thanks had been received.

This work is only able to be carried out through the generosity of the Trustees of the Burton-on-Trent Consolidated Charities, who gave a grant of £25, and provided maintenance at the West Kirby and Bournemouth Convalescent Homes for 27 children for 216 weeks.

The Committee record their great appreciation of this support of their work.

MARY B. PIDDOCKE,
Vice-Chairman.

PHYLLIS M. EVERSLED,
Hon. Secretary.

MEDICAL INSPECTION TABLES, 1954**Number of Children.**

Average number of children on the roll	..	..	8,840
Average attendance	..	..	7,870

Table 1**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.****A.—PERIODIC MEDICAL INSPECTIONS.****Number of Inspections in the prescribed Groups :—**

Entrants	..	..	..	..	975
Second Age Group	..	..	..	..	620
Third Age Group	..	..	..	..	718
Total	..	..	..	..	2,313
Number of other Periodic Inspections	..	..			9
Grand Total	..	..	..		2,322

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	1,063
Number of Re-Inspections	..	..	..	296
Total	..	..	..	1,359

C.—PUPILS FOUND TO REQUIRE TREATMENT**Number of individual Pupils found at Periodic Medical Inspection to Require Treatment. (Excluding Dental Diseases and Infestation with Vermin)**

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	2	120	94
Second Age Group ..	47	54	99
Third Age Group ..	33	29	56
Total (prescribed groups)	82	203	249
Other Periodic Inspections	—	—	—
GRAND TOTAL ..	82	203	249

Table II (a)
Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE						Periodic Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)						(2)	(3)	(4)	(5)
4	Skin	..	..	..	..	..	29	67	31	4
5	Eyes—(a) Vision	..	..	..	..	..	82	64	88	4
	(b) Squint	..	..	..	..	..	23	32	2	3
	(c) Other	..	..	..	..	..	13	19	15	3
6	Ears—(a) Hearing	..	..	..	..	..	4	33	4	3
	(b) Otitis Media	..	..	..	..	..	12	40	7	0
	(c) Other	..	..	..	..	..	8	15	25	4
7	Nose or Throat	..	..	..	..	..	37	142	8	16
8	Speech	..	..	..	..	..	12	43	10	13
9	Cervical Glands	..	..	..	..	..	4	143	1	1
10	Heart and Circulation	..	..	..	..	..	2	41	0	2
11	Lungs	..	..	..	..	..	24	65	9	6
12	Developmental—(a) Hernia	..	..	..	..	..	1	8	0	0
	(b) Other	..	..	..	..	..	1	27	1	0
13	Orthopaedic—(a) Posture	..	..	..	..	..	3	27	0	0
	(b) Flat foot	..	..	..	..	..	5	72	0	0
	(c) Other	..	..	..	..	..	17	68	8	1
14	Nervous system—(a) Epilepsy	..	..	..	..	..	0	2	0	1
	(b) Other	..	..	..	..	..	2	18	1	4
15	Psychological—(a) Development	..	..	..	..	..	2	17	0	1
	(b) Stability	..	..	..	..	..	2	76	0	1
16	Other	..	..	..	..	..	2	34	7	11

Table 2(b)

**Classification of the General Condition of Pupils Inspected
during the year in the Age Groups.**

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
Entrants	975	255	26.2	677	69.4	43	4.4
Second Age Group	620	181	29.2	419	67.6	20	3.2
Third Age Group	718	193	26.9	470	65.4	55	7.7
Other Periodic Inspections	9	3	33.3	6	67.7	—	—
TOTAL	2322	632	27.2	1572	67.7	118	5.1

Table 3.

Infestation with Vermin.

(i)	Total number of examinations in the Schools by the School Nurses or other authorized persons	6,950
(ii)	Total number of <i>individual</i> pupils found to be infested ..	80
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944) ..	—

Table 4
Treatment Table

Group 1.—Minor Ailments (excluding Uncleanliness).

						Number of Defects treated, or under treatment during the year	
						<i>By the</i>	
						<i>Authority</i>	<i>Otherwise</i>
(a) SKIN—							
Ringworm—Scalp—							
(i) X-Ray Treatment						—	—
(ii) Other Treatment						—	—
Ringworm—Body						3	—
Scabies						—	—
Impetigo						29	1
Other Skin Diseases						110	5
EYE DISEASE (External and other, but exclud- ing errors of refraction, squint and cases admitted to hospital)						56	1
EAR DEFECTS Treatment for serious diseases of the ear (e.g., operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report ..						—	—
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)						152	9
TOTAL						350	16

(b) Total number of attendances at Authority's Minor Ailments Clinics	2591
(c) Total number of attendances including uncleanliness	2919

**Group II.—Defective Vision and Squint (excluding Eye Disease
treated as Minor Ailments—Group I).**

						No. of Defects dealt with	
						<i>By the</i>	
						<i>Authority</i>	<i>Otherwise</i>
Errors of Refraction (including squint)						213	—
Other Defect or Disease of the Eyes (excluding those recorded in Group I)						4	—
						217	—
No. of Pupils for whom spectacles were—							
(a) Prescribed						111	—
(b) Obtained						92	—

Group III.—Treatment of Defects of Ear, Nose and Throat.

						Total number treated	
						<i>By the Authority</i>	<i>Otherwise</i>
Received Operative Treatment—							
(a)	For Diseases of the Ear	..	..	..	..	—	5
(b)	For Adenoids and Chronic Tonsilitis	..			..	—	276
(c)	For other Nose and Throat Conditions	..			..	—	—
Received other forms of Treatment						—	—
TOTAL						—	281

Group IV.—Orthopaedic and Postural Defects.

						<i>By the Authority</i>	<i>Otherwise</i>
(a)	Number treated as In-Patients in Hospitals or Hospital Schools	..	..	..	..	—	30
(b)	Number referred for treatment, e.g., in Clinics or Out-Patient Departments	..	..	..	..	—	—

Group V.—Child Guidance Treatment and Speech Therapy.

Number of Pupils Treated—							
(a)	Under Child Guidance arrangements	..			..		2
(b)	Under Speech Therapy arrangements	..			..		56

Appendix

12. PHYSICAL EDUCATION REPORT, 1954

I am indebted to Mr. J. W. Parkinson, Organiser of Physical Education for the following Report :—

COUNTY BOROUGH OF BURTON UPON TRENT EDUCATION COMMITTEE PHYSICAL EDUCATION REPORT, 1954

Primary Schools.

These schools have had to face up to the fact that a nationally-devised syllabus has been discontinued and that each school has now to plan its own scheme of physical education. To assist in this change of policy there can be no doubt about the importance of the guidance on modern trends which the Ministry has offered in "Planning the Programme". It can also be said with some degree of satisfaction that this Authority's schools are reasonably well equipped for undertaking the wide programme now envisaged.

The planning of a year's work by a teacher for any subject calls for much thought and selection. Most teachers will no doubt tackle this new task by drawing upon the accumulated store of material which has been published in book form in recent years. It seems desirable that each school should collect a small up-to-date selection of reference books. A start has already been made by all schools.

In order to assist teachers and schools in their programme planning, the Committee's Organiser of Physical Education has given a short series of Supplementary Talks, which will be followed up by demonstration lessons in the schools.

The demands from schools for additional climbing apparatus has been stimulated by assurances given in the Ministry's publications. The policy of making provision at each school with the co-operation of the teaching staff has continued. This has led, on the one hand, to a wide variety of apparatus, and on the other to the siting of the apparatus conforming to a pattern.

- (a) Old schools providing for a single department have shown a preference towards fixed apparatus sited on the perimeter of the yards and often braced to the school buildings.
- (b) New schools with the advantage of both hard playgrounds and turfed areas have opted for portable apparatus which can be sited on the playgrounds in winter and on the grass in summer.

- (c) Old schools still sharing their playground with other departments have considerably asked for portable rather than fixed apparatus.

Secondary Schools.

It is probably at the secondary stage that this Authority's Building Programme for the methodical provision of facilities is most evident. During the year a fully-equipped gymnasium, together with ancillary rooms, came into use at Hillside Secondary Modern School; in addition the playing field scheme was completed to provide a total of 15 acres for this and other school users.

A start was made in developing 8 acres of playing fields for the new Grammar School, which is now in the building stage.

The purchase of 4 acres of land adjacent to the Girls' High School will enable this school's playing fields to come up to the standard required by the School Premises Regulations 1954, while the provisional lay-out of 10 acres of playing field for the proposed Horninglow Modern School has reached the planning stage.

Up to the present time this Borough has been mainly concerned with physical activities taken on the school premises and playing fields, together with seasonal use of the Public Baths and Public Tennis Courts. What is the next stage of development? The trend is unmistakably towards the adventure type of out-door pursuits (camping, canoeing, cycling, fell walking, sailing).

When the geographical amenities of the surrounding countryside are considered, camping would seem to offer the best opportunities for immediate development by our secondary schools.

In order to stimulate interest in the less widely practised branches of physical education, a long term programme of films, with talks by outstanding speakers, has been started. Canoeing and mountaineering have both been introduced in this way during the year. One immediate result has been that a party making a school journey during the next few months has arranged to spend a day on the Avon to sample canoeing. The bad state of the Trent prevented this in home waters.

Swimming.

Solid foundations are being laid in the Junior Schools where "class methods" of instruction have become the accepted method. A high and rising proportion of pupils leaving these schools can swim, and this was borne out by two demonstration lessons which allowed

Junior teachers to take stock of the position and Secondary Teachers to see first hand the teaching methods of their colleagues.

On transfer to the Secondary Schools, the teachers are confronted with the task of teaching the incoming non-swimmers and also of providing a satisfactory scheme in swimming to cover the whole of the school course. There can be little doubt that the non-swimmers should receive early and persistent teaching. On the other hand, the coaching of the swimmers has been furthered by the incentives provided by proficiency awards and competition swimming. In these directions, the Schools' Swimming Association has continued to play its part.

Looking ahead ! An aim for Junior Schools might well be " Every pupil a swimmer " with the Secondary Schools adopting the Swedish ideal, " Every pupil a good swimmer ".

Post School Games.

Last year's report dealt with the general developments since 1945. It is heartening to report on further progress and interest.

A Coaching Course was arranged by the County Netball Association for members of the Youth League. In taking the form of coaching a whole team, this course made a strong appeal to the players and at the same time used a well-established principle of coaching—that the strength of a team is something more than the sum of the skills of each individual member of the team.

In the past, when reporting the progress of the playing of games among young workers, there has been the tendency to emphasise the need of playing facilities. An even greater factor for progress is the desire on the part of young people themselves to continue as players. The year has seen an awakening of interest in post-school hockey ; in one case, the move came directly from the old pupils of a Secondary Modern School who have formed a Club. In the second case, the A.E. Women's Hockey Association, through its Coaching Sub-Committee, was the prime mover—a series of coaching sessions was arranged and from this a second old pupils' club was formed. From this encouraging start there may well grow a Youth Hockey Association to cover the Borough and the adjacent county areas.

A. H. BLAKE,

Director of Education.

J. W. PARKINSON,

Organiser of Physical Education.